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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 960296.97877
<div style="border: 1px solid black; padding: 2px; margin: 2px 0;">In re Application of <b>James A. Thomson</b></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; margin: 2px 0;"><div>Application Number <b>09/982,637</b></div><div>Filed <b>10/18/2001</b></div></div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">For <b>Primate Embryonic Stem Cells</b></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px; margin: 2px 0;"><div>Art Unit <b>1632</b></div><div>Examiner <b>Joseph T. Voitach</b></div></div>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"><div style="text-align: right; margin-right: 20px;">\$ <u>110</u></div><div><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</div></div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"><div style="text-align: right; margin-right: 20px;">\$ _____</div><div><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</div></div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"><div style="text-align: right; margin-right: 20px;">\$ _____</div><div><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</div></div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"><div style="text-align: right; margin-right: 20px;">\$ _____</div><div><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</div></div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"><div style="text-align: right; margin-right: 20px;">\$ _____</div><div><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</div> <div><input type="checkbox"/> A check in the amount of the fee is enclosed.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>17-0055</u>. I have enclosed a duplicate copy of this sheet.</div>		
<p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div> <div style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</div> <div style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</div>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><p><u>October 29, 2004</u> Date</p><p><u>608/251-5000</u> Telephone Number</p></div><div style="width: 50%; text-align: center;"><div style="margin-bottom: 10px;"> Signature</div><p><u>Nicholas J. Seay</u> Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Total of _____ forms are submitted.</div>		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

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